



COURTESY LETTER

**You do not need to respond to
CHS regarding any
information on this form,
unless directed otherwise in
an accompanying letter.**

As a courtesy, Comprehensive Health Services (CHS) is providing you with results done as part of your recent medical exam.

We recommend that you share with your own doctor any items marked below. Please note that your specific exam may not have included every category listed on this form. You are not required to respond to CHS regarding any information on this form unless directed otherwise in an accompanying letter.

☐ **Blood Pressure** ____ / ____

☐ **Vision Test**

	Distant	Near
Right	20 /	20 /
Left	20 /	20 /

☐ **Hearing Test**

	Conversational Range Hearing Loss			High Frequency Hearing Loss		
	Mild	Moderate	Severe	Mild	Moderate	Severe
Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ **Blood Cell Count**

☐ White Blood Count (WBC)
☐ Hemoglobin (HGB)

☐ Platelet Count
☐ Hematocrit (HCT)

☐ **Blood Sugar Test (Glucose)**

☐ **Blood Lipids**

☐ Total Cholesterol

☐ HDL (good) Chol.

☐ LDL (bad) Chol.

☐ Triglycerides

☐ **Urine Test**

☐ Protein

☐ Glucose

☐ Blood

☐ White Blood Cells (WBC)

☐ Red Blood Cells (RBC)

☐ Bacteria

☐ **Liver Blood Test**

☐ G-glutamyl transpeptidase (GGTP or GGT)

☐ AST

☐ ALT

☐ **Electrocardiogram**

☐ **Pulmonary Function Test**

☐ **Update Tetanus Booster**

☐ **Technical problem, please ignore the following result:**

☐ Phosphate

☐ Glucose

☐ Other: _____

☐ Potassium

☐ LD or LDH

☐ **Other:** _____

Physician's Signature

Date